


MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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For Official Use Only 		1. FILE NUMBER 540-203		2. PERIOD COVERED MO DAY YEAR From 01012001 Through 12312001	
				3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
EMIL ABATE (2) 540-203 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 240 LU 27PARKING & SERVICE WORKERS 1220 13TH STREET 2ND FLOOR WASHINGTON, DC 20005 12/2001 				4. MAILING ADDRESS (Type or print in capital letters.) First Name E M I L Last Name A B A T E P.O. Box • Building and Room Number (if any) Number and Street 1220 13TH STREET 2ND FLOOR City WASHINGTON State ZIP Code + 4 DC 20005-	
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPLOYEE AND RESTAURANT EMPLOYEES LOCAL 27		5. DESIGNATION (Local, Lodge, etc.) LOCAL			
6. UNIT NAME (if any) PARKING & SERVICE WORKERS UNION		6. DESIGNATION NUMBER 27			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No					
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)					
Item Number					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)					
76. SIGNED: [Signature] 03126102 (202) 393-7939 Date Telephone Number		PRESIDENT (If other title, see instructions.)		77. SIGNED: [Signature] 3125102 (202) 393-7939 Date Telephone Number	
		TREASURER (If other title, see instructions.)			

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | ✓ |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | ✓ | |
| 12. Have a political action committee (PAC) fund? | ✓ | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | ✓ | |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | ✓ | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | ✓ | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | ✓ | |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | ✓ | |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 864

19. What is the date of your organization's next regular election of officers? MO 12 YEAR 2004

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500,000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 24 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 29
(c) Transfer Fees	\$
(d) Work Permits	\$ per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

24. Did your organization have any contingent liabilities at the end of the reporting period?

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 540-203

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....		6827	8995
	26. Accounts Receivable.....		36691	42404
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	5479	3178
	30. Fixed Assets.....	5	3434	17192
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		52431	71769

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....		24608	41925
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	0
	37. TOTAL LIABILITIES.....		24608	41925
	38. NET ASSETS (Item 32 less Item 37).....		27823	29844

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 540-203

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			219134	56. To Officers	9		0
40. Per Capita Tax			0	57. To Employees	10		116291
41. Fees			6325	58. Per Capita Tax			114212
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		59646
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			13930
46. Interest			55	63. Benefits	11		20643
47. Dividends			0	64. Contributions, Gifts & Grants	12		1471
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		450	66. Direct Taxes			15967
50. Loans Obtained	8		0	67. Withholding Taxes			32151
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		0
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		189276	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		38756
55. TOTAL RECEIPTS			415237	74. TOTAL DISBURSEMENTS			413067

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 540-203

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 240-203

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1999
2. Total Book Value	3425
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) Security Capital 135 Shares Group INC CLB	3424.95
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	3424
Enter the Total from Line 7 in _____ Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 540-203

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment			17,192	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			17,192	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 240-203

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in			↑ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in			↑ Item 34 Column (C)	↑ Item 50	↑ Item 70
			↑ Item 75 with Explanation		↑ Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 540-203

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. <small>Last Name</small> HERBEKIAN <small>First Name</small> ROXIE Title PRESIDENT Status C		0 0		0	0	
2. <small>Last Name</small> ABATE <small>First Name</small> EMIL Title SECRETARY TREASURER Status C		0		0	0	
3. <small>Last Name</small> HAGGOS <small>First Name</small> HAGLEMELEHOT Title Vice President Status C		0		0	0	
4. <small>Last Name</small> DIAZ <small>First Name</small> ENRIQUE Title Vice President Status C		0		0	0	
5. <small>Last Name</small> ABAY <small>First Name</small> ATSEDE Title Executive Board Status P		0		0	0	
6. <small>Last Name</small> CABRERA <small>First Name</small> ROGER Title Executive Board Status P		0		0	0	
7. <small>Last Name</small> HAGGOS <small>First Name</small> TEMESSEN Title Executive Board Status C		0		0	0	
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8						
				10. Less Deductions		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 0		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 540-203

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: 1. GIZAW First Name: YESALEMU Position: ACCOUNTANT Name of Affiliated Organization: LOCAL 27	14804				14804
Last Name: 2. LINGO First Name: TRACY Position: ORGANIZER Name of Affiliated Organization: LOCAL 27	27811		806		28617
Last Name: 3. SWINBURN First Name: ANN Position: RESEARCHER Name of Affiliated Organization: LOCAL 27	25346				25346
Last Name: 4. YEHDGO First Name: AZIEB Position: ORGANIZER Name of Affiliated Organization: LOCAL 27	20500		612		21112
Last Name: 5. ZWERDLING First Name: ALEXANDI Position: ORGANIZER Name of Affiliated Organization: LOCAL 27	16767		605		17372
6. Totals from additional pages (if any)	24,179		1,090		25,269
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	15,622		300		15,922
8. Totals of Lines 1 through 7	145,029		3,413		148,442
Enter the Total from Line 10 in..... Item 57 ⇒			9. Less Deductions 32,151		
			10. Net Disbursements 116,291		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 540-203

Description (A)	To Whom Paid (B)	Amount (C)
1. Work Comp Insurance	CGU	2,196
2. Health Insurance	Local 37 Health Welfare	17,297
3. 401(k) plan		1,125
4. Life Insurance	Local 37	25
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		20,643

Enter the Total from Line 6 Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Contribution	203
2. Donation	225
3. N.Y. HERE Assistance fund	1043
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1,471

Enter the Total from Line 8 in Item 64

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Office Supplies	2,609
2. Rent	23,425
3. Printing	11,273
4. Postage and delivery	4,494
5. Meeting	315
6. Utilities	4,976
7. Total from additional pages (if any)	1,254
8. Total of Lines 1 through 7	59,646

Enter the Total from Line 8 in Item 60

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. H.E.B.E IV Subsidy	165,900
2. Refund	1,881
3. Reimbursed income	7,706
4. Refundable	8,028
5. Transfer to Savings Account	2,574
6. Other Income	2,713
7. Collection for N.Y. HERE	
8. Assistance Fund →	921
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	189,723
Enter the Total from Line 17 in Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Travel	3,861
2. Organizer	515
3. Ground transportation	619
4. Miscellaneous	10,890
5. Bank Service	62
6. Broad casting	250
7. Special events	1,499
8. Refund/CPS	7,982
9. Food and Beverage	5,088
10. Dues Refund	2,126
11. Reimbursable Expense	5,729
12. Interest Expense	135
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	38,756
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
Hotel Employees & Restaurant Employees Local 27

ENDING DATE OF PERIOD COVERED:
12-31-01

FILE NUMBER: 540-203

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: <u>Woubinet</u> First Name: <u>Tibebu</u> Title: <u>Executive Board</u> Status: <u>e</u>						
Last Name: <u>Chavez</u> First Name: <u>Mario</u> Title: <u>Executive Board</u> Status: <u>c</u>						
Last Name: <u>Barranco</u> First Name: <u>Roger</u> Title: <u>Executive Board</u> Status: <u>c</u>						
Last Name: <u>Setegn</u> First Name: <u>Desfae</u> Title: <u>Executive Board</u> Status: <u>c</u>						
Last Name: <u>Wubishet</u> First Name: <u>Girma</u> Title: <u>Executive Board</u> Status: <u>C</u>						
Last Name: <u>Bekele</u> First Name: <u>Beru</u> Title: <u>Executive Board</u> Status: <u>c</u>						
Last Name: <u>Solomon</u> First Name: <u>Tamrat</u> Title: <u>Executive Board</u> Status: <u>c</u>						
Last Name: <u>Hugo</u> First Name: <u>Lizama</u> Title: <u>Executive Board</u> Status: <u>c</u>						
Totals						

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 540-203

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Totals						

ORGANIZATION NAME: Hotel Employees - Restaurant Employees Local 27
 ENDING DATE OF PERIOD COVERED: 12-31-01

FILE NUMBER: 540-203

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>BELAY</div> <div>ABERE</div> <div>Position</div> <div>ORGANIZER</div> <div>Name of Affiliated Organization</div> <div>LOCAL 27</div> </div>	24179		1090		25269
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>					
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<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>					
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
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<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
Totals						

FILE NUMBER
Additional Page for Office supplies and administration expenses

540-203

	Amount
Repair and maintenance	4 290,31 \$
Telephone	5 619,68 \$
Research	1 385,00 \$
Clearing	1 244,00 \$
Total	12 538,99 \$